

PARENTAL CONSENT FOR FIELD TRIP

School Name: _____

Name of Field Trip: _____

Destination of Field Trip: _____

Dates of Travel: _____

Participant's Name: _____ Date of Birth: _____

Home address _____ State _____ Zip Code _____

Home Phone _____ Emergency Phone _____ Cell Phone _____

Check one (an application must be completed for each child):

☐ I (adult student) agree to participate in this field trip.

☐ I (parent) give permission for my child to participate in the field trip.

By signing this agreement we understand:

- That the District of Columbia Public Schools reserve the right to cancel a trip at any time. In addition, the school system is not responsible for any financial losses if a trip is cancelled for the safety of both students and staff members.
- That the District of Columbia Public Schools *Directive 310.6 Field Trips and Student Travel* and DCMR Title 5, Chapter 25 Student Discipline policy are in effect.
- We further understand that a violation of trip's rules and regulations may result in the participant being sent home at their expense.

Parent/Guardian/Adult Student Signature

Date

Participant's Signature

Date